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**ADA**

**REQUEST FOR ACCOMMODATION**

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To: Mary D. Priestman, ADA Coordinator  
Affirmative Action Division

From:

Work location:

Telephone:

Date:

Re: Request for accommodation

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I am requesting an accommodation under the ADA because of my disability.  
Attached please find documentation from my medical provider stating what my  
disability is, and how it impacts on my ability to perform major life functions.  
The accommodation that I am requesting is:

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I understand that you may have questions about my request and may need to contact my  
medical provider. I hereby give you permission to do so.

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Signature

c:

Field Manager (without attachments)

Supervisor (without attachments)

Please complete this form, and FAX to: (860) 424-4948 **Attention: Mary Priestman**